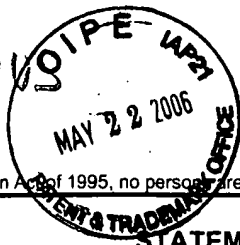


GPA 318815



PTO/SB/96 (12-05)

Approved for use through 07/31/2006. OMB 0651-0031

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## STATEMENT UNDER 37 CFR 3.73(b)

785-011574-US (PAR)

Applicant/Patent Owner: BARTHOLOMAUS, ET AL.Application No./Patent No./Control No.: 10/718,112 Filed/Issue Date: November 20, 2003

Entitled:

ABUSE-PROOFED ORAL DOSAGE FORMGrunenthal GmbHCorporation

(Name of Assignee)

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest  
(The extent (by percentage) of its ownership interest is \_\_\_\_\_ %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014728, Frame 0622, or a true copy of the original assignment is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

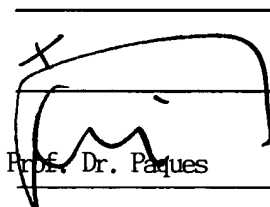
1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

  
Prof. Dr. Paques

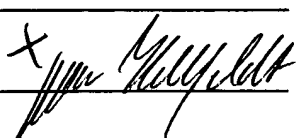
Signature

Printed or Typed Name

Title

(Member of the Executive Board)

(Head of Patent Dept.)

  
ppa. Dr. Hellfeldt

X 10.05.2006

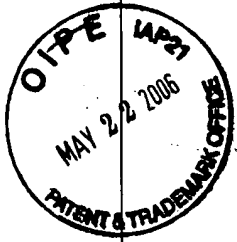
Date

+49-241-569-0

Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Docket No.: 785-011574-US (PAR)

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

### English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title: **ABUSE-PROOFED ORAL DOSAGE FORM**

the specification of which

(check one)

☐

is attached hereto.

☒

was filed on **November 20, 2003** as United States Application No. **10/718,112** or PCT International Application Number \_\_\_\_\_ filed on \_\_\_\_\_ and was amended on (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International Application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

### Prior Foreign Application(s)

(Number)	(Country)	(Day/Month/Year Filed)	<u>Priority Not Claimed</u>
103 36 400.5	GERMANY	6 AUGUST 2003	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. Section 119(e) of any United States provisional application(s) listed below:

\_\_\_\_\_  
(Application Serial No.)

(Filing Date)

\_\_\_\_\_  
(Application Serial No.)

(Filing Date)

\_\_\_\_\_  
(Application Serial No.:

(Filing Date)

I hereby claim the benefit under 35 U.S.C. Section 120 of any United States application(s), or Section 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

\_\_\_\_\_  
(Application Serial No.)

(Filing Date)

(Status)  
(patented, pending, abandoned)

\_\_\_\_\_  
(Application Serial No.)

(Filing Date)

(Status)  
(patented, pending, abandoned)

\_\_\_\_\_  
(Application Serial No.)

\_\_\_\_\_  
(Filing Date)

(Status)  
(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

All attorneys listed under Customer No.: 2512

Send Correspondence to:

Geza C. Ziegler, Jr.

Customer No.: 2512

Direct Telephone Calls to: (name and telephone number)

Geza C. Ziegler, Jr. 203/259-1800

Full name of sole or first inventor:

**BARTHOLOMÄUS, Johannes**

Sole or first inventor's signature:

X 

DATE

X 10. May 2006

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Second inventor's signature:

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DATE

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Full name of fourth inventor:

Fourth inventor's signature:

DATE

Residence address:

Citizenship:

Post Office Address:

Full name of fifth inventor:

Fifth inventor's signature:

DATE

Residence address:

Citizenship:

Post Office Address:

☐

Check here if additional pages are attached. Number of added pages: